

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-022684

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1763

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                         |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Clayton</b>   |  | c. CITY OR TOWN <b>St. Aims</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>   |  | d. STREET ADDRESS (If outside, give location)<br><b>10833 St. Xavier</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print) <b>Russell</b>   |  | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>1</b> Year <b>1963</b>  |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>4/15/1941</b>                                 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Automobiles</b>  |  |
| 13a. FATHER'S NAME<br><b>John May</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Thelma Shilts</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |  | 16. SOCIAL SECURITY NO.<br><b>John May, Milan, Mo.</b>   |  |
| 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Multiple traumatic injuries</b>  |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><b>Operator of motorcycle involved in collision with car</b>         |  |
| 20c. TIME OF INJURY<br>Hour <b>11:18</b> a.m. <b>PM</b> Month, Day, Year <b>5/31/63</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>public road</b>  |  | 20f. CITY, TOWN, OR LOCATION<br><b>Kirkwood St. Louis Missouri</b>   |  |
| 21. I attended the deceased from _____, to _____ and last saw her alive on _____<br>Death occurred at <b>1:40 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |
| 22a. SIGNATURE<br>(Degree or title)<br><b>Raymond H. Harn</b>   |  | 22b. ADDRESS<br><b>Coroner Clayton, Missouri</b>   |  |
| 22c. DATE SIGNED<br><b>6/8/63</b>   |  | 22d. DATE SIGNED<br><b>6/8/63</b>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (S, C, R)<br><b>Removal</b>   | 23b. DATE<br><b>6-3-63</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ravanna Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Ravanna, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Moss Funeral Home, Princeton, Mo.</b>  |  | 25. DATE RECD. BY LOCAL REG.<br><b>6-3-63</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy M.D.</b>   |  |  |  |

1951 81832

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4193

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.